

TASTE OF CHOCOLATE
APPLICATION FOR PARTICIPATION - 2019

Name and Address of Business/Organization: (please print legibly) Name of Business/Organization: _____ Address: _____ _____	
Point of Contact and Telephone Number: Name: _____ Phone Number: Business () _____ 5:00 a.m. number to call in case of weather emergency () _____ Best time to call Business number: _____ Email address: _____	
Have you participated in a prior Taste of Chocolate Event: _____ yes _____ no	
Will you require electricity: _____ yes _____ no	
Number of Spaces required: (please circle) 1 @ \$75 2 @ \$150 3 @ \$225 If more spaces become available would you be interested in obtaining another space? If so, how many? _____ Do you want us to deduct the 2019 fees from your 2018 proceeds? _____ yes _____ no	
Number of Employees working Taste: _____ (Saturday) _____ (Sunday)	
City/County of Fairfax Business License Number: _____	
Type of Products to be sold as a "taste" (include brief description and size of "taste"):	
Where are the products made? _____	
Are the facilities approved by the local Health Department? _____ yes _____ no	
Will you be selling any "whole" products? If so, please describe and provide intended sale price. _____ _____ _____	
Liability Insurance Policy Number: _____ Carrier: _____	
<p>We have read and understand the rules and regulations of this event and agree to indemnify and hold harmless The Independence Day Celebration Committee (IDCC), its Officers, Directors, Agents, City of Fairfax employees, and volunteers from and against any and all costs (including reasonable attorney fees), losses, damages, liability claims, or causes of action in any way resulting from acts or omissions of the IDCC in connection with or in any way related to the event for which this application is being made. We are enclosing a check, payable to the IDCC for \$75 for each space requested and understand that this payment will be non-refundable after January 1, 2019. Vendors whose proceeds at the 2018 Taste were less than \$1,000 agree to pay the IDCC a minimum taste fee of \$250 and such fee is due by October 31, 2018. The IDCC will reimburse each vendor \$0.75 of each Taste Ticket collected, valued at \$1.00 above the first \$1,000 in sales (25% of \$1,000 is \$250). Vendors participating for the first time in 2019 will be required to include a \$250 deposit that will be refundable upon completion of participation of <u>both</u> February 2 & 3, 2019. First time participant applications will <u>not</u> be processed for inclusion in the 2019 event if deposit is not included when application is received.</p>	
Signed: _____ Printed Name: _____ Dated: _____ Title: _____	
Please mail completed application and monies (made payable to IDCC) to: <div style="text-align: center;">TASTE OF CHOCOLATE BEVERLY MYERS 11106 GAINSBOROUGH COURT; #4 FAIRFAX, VA 22030 QUESTIONS MAY BE DIRECTED TO BEVERLY MYERS AT (703) 503-1170 OR BEVERLYMYERS@GMAIL.COM</div>	
<div style="text-align: center;"><u>Table Reservation Policy:</u> TWO TABLES PER VENDOR. Vendors will be given the same number of tables as they reserved for 2003. Vendors may request additional space based on availability at the closing date of October 31, 2018. Requests will be processed as soon as possible.</div>	